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HC
Corr

Application : 09/683104

Examiner : Shaw

GAU : 3737

From: SMA

Location: IDC FMF FDC

Date: 4/16/05

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DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
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<input type="checkbox"/> IIFW	<u>4-16-05</u>	<input checked="" type="checkbox"/> Fees
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[XRUSH] RESPONSE: AM

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REV 10/04

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Mail Stop ISSUE FEE
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INSTRUCTIONS: This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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23446 7360 01/12/2005

Kirk A. Vander Lest
 McAndrews, Held & Malloy, Ltd.
 500 West Madison Street, 34th Flr.
 Chicago, IL 60661

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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Joseph M. Butscher	(Depositor's name)
<u>JAM M</u>	(Signature)
April 6, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/683,104	11/19/2001	Thomas C. Klemke III	SUR3	8647

TITLE OF INVENTION: ENHANCED GRAPHIC FEATURES FOR COMPUTER ASSISTED SURGERY SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/>	\$1400	\$610	\$1700	04/12/2005
EXAMINER	ART UNIT	CLASS-NUM/CLASS			
SHAW, SHAWNA JEANNINE	3737	600-427000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/123) attached.

"Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

McAndrews, Held &
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

CR MEDICAL SYSTEMS GLOBAL
 TECHNOLOGY COMPANY, LLC

WAUKESHA, WISCONSIN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature JM B

Date April 6, 2005

Typed or printed name Joseph M. Butscher

Registration No. 48,326

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